

CAMPAIGN FINANCE DIVISION

☒ WAIVER REQUEST
☐ RECONSIDERATION REQUEST

DATE: 12/8/2021

DOCKET #:

FILER INFORMATION

Name: Orville A. Callahan
Office: City Marshal, City Court, City of Houma
Parish: TERREBONNE
Election Date: 11/3/2020
Level of Office: District

133 B & K Court
Houma, LA
70363-7639

REPORT INFORMATION

Name of Report: 30-P
Original Due Date: 10/5/2020
Date Filed: 10/7/2020
Activity Receipts: \$22,848.78
Expenditures: \$17,535.22
Funds at Close of Reporting Period: \$5,313.56

LATE FEE INFORMATION

Amount of Late Fee: \$120
Days Late: 2
Late Fee Order Received: 2/26/2021
Payment/Waiver Request Due Date: 3/18/2021
Waiver Request Received: 3/2/2021
Additional Information Requested:
- Medical - letter sent 5/26/2021 NO RESPONSE
- Financial
- Other

COMMENTS: Candidate's wife mailed in the waiver request and states that during the period the reports were due she had an accident where it was necessary to have surgery to rebuild her foot and also contracted Covid 19. She said she tried to keep up with all the requirements but misunderstood what was required. She said this was a long hard campaign that left the family exhausted and the candidate does not plan on running for office again. She said all final reports were filed closed out campaign and forgave the debt.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: No
Reassessed Late Fees: No

Disclosure Statements:

Other Outstanding Late Fees: No
Prior Late Fees: No

March 2, 2021

Louisiana Board of Ethics
Executive Secretary of the EAB
P O Box 4368
Baton Rouge, La 70821

RE: Late Fees 11/3/20-30 P = \$120
Late Fees 11/2/20 – 10G Campaign Finance Disclosure- \$540
Late Fees – 11/3/20 – 40G Campaign Finance Disclosure - \$480

Ms. Melissa Horn ;

Let me begin by reflecting our appreciation of the service and assistance your staff and campaign finance office provide.


In reference to the following late fee assessments we are requesting a waiver of all fees. During this period I had an accident where it was necessary to have surgery to rebuild my foot to save from loss. Then while under care was exposed to COVID and became ill. I tried to keep up with all requirements and continue to handle all reports and duties but misunderstood what was required. Please accept my most humble apology and ask for consideration to waive all late fees assessed. This was a long, hard campaign that left us both exhausted. My husband will not be running for office again.

Your consideration would be helpful and greatly appreciated. I believe we have everything completed and filed correctly. All final reports closed out and forgiveness of past debt.

Sincerely,

Orville & Virginia Callahan


Orville Callahan


Virginia Callahan

ETHICS BOARD REC'D
MAR 4 '21 PM 3:15

mailed 7/3/20
FAXed 7/3/20
(225) 381-7271

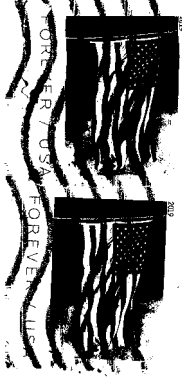
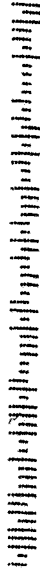
Callahan
133 Bok Ct
Houma, LA 70363

NEW ORLEANS LA 700

2 MAR 2021 PM 1 L

c/o Melissa Horn
Board of Ethics
P.O. Box 4368
Baton Rouge, LA 70821

70821-436868





STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

May 26, 2021

Orville A. Callahan
133 B & K Ct.
Houma, LA 70363-7639

RE: Ethics Board Docket No.: 2021

Dear Orville A. Callahan:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request, you stated that you now you had an accident and had surgery, then was exposed to COVID. If you would like the Board to consider your medical reasons, please provide discharge, office visits and/or test result verifying your claim. The information you provide will no be public record.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **June 30, 2021**.

Sincerely,

Melissa Horn

Docket ID: 2021-

Financial Statement for _____ (Filer Name)

Married: ☐ Yes ☒ No

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature

Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for _____ (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type	Monthly Amount
Housing (mortgage or rent)	
Vehicle (loan or lease)	
Public Transportation Costs	
Health Insurance	
Court-ordered expenses	
Student loans	
Other Loans - provide description	
Utilities	
Food, personal products, etc.	
Childcare	
Other Expenses (Provide Description)	
Total Monthly Expenses	